

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery System		
Title:	Network Indian Health Care Providers (IHCP)		
Policy: <input type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 05.13.2025	Related Policies: Indian Health Services/Tribally Operated Facility/Urban Indian Clinic Services (I/T/U)
Procedure: <input checked="" type="checkbox"/> Page: 1 of 2	Author: Chief Behavioral Health Officer	Review Date:	

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Purpose

The purpose of this procedure is to establish the process for and ensure that there are sufficient Indian Health Care Providers (IHCP) and that the IHCPs are treated equitably. The purpose of the procedure is also to demonstrate that eligible Medicaid beneficiaries are afforded timely access to culturally appropriate care.

Procedure

- I. Mid-State Health Network (MSHN) is responsible for ensuring that its provider network capacity is sufficient and timely to meet the needs of its beneficiaries.
 - a. MSHN, as required through its annual network adequacy assessment (NAA) process, will identify in-region IHCPs with which there are network provider contracts with its affiliate Community Mental Health Services Programs (CMHSPs).
 - b. The purpose of the annual NAA is to identify through a comprehensive review of its provider network, any service gaps, to address those, thereby ensuring that there is a network of providers and services sufficient to meet the needs of its Medicaid beneficiaries, including individuals eligible to be served by an IHCP.
 - c. The MSHN annual NAA will include a review of its IHCPs and that they are accessible to its eligible beneficiaries.
 - d. MSHN will include IHCPs in its provider directory and ensure Medicaid beneficiaries are aware of their availability.
 - e. CMHSPs will include IHCPs in their provider directory and ensure Medicaid beneficiaries are aware of their availability.
 - f. Timely access shall be facilitated to IHCPs for eligible individuals as appropriate.

- II. If timely access to covered services cannot be ensured due to few or no IHCPs, MSHN shall:
 - a. Allow Indian members to access out-of-state IHCPs or show good cause for disenrollment from both the Pre-Paid Inpatient Health Plan (PIHP) and Michigan Department of Health and Human Services' (MDHHS) managed care program in accordance with 42 Code of Federal Regulations (CFR) §438.56(c).
 - b. Permit Indian members to obtain services covered under the Contract from out-of-network IHCPs from whom the member is otherwise eligible to receive such services.
 - c. Permit an out-of-network IHCP to refer an Indian member to a network provider.

Applies to

- ☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's Participants: ☒ Policy Only ☒ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions

CFR: Code of Federal Regulations

CMHSP: Community Mental Health Services Program

IHCP: Indian Health Care Provider

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

NAA: Network Adequacy Assessment

PIHP: Pre-Paid Inpatient Health Plan

Other Related Materials**References/Legal Authority**

42 CFR §438.14(b)(1-6)

42 CFR §438.56(c)

MDHHS/PIHP Contract A-1(E)(2)(e)

Change Log:

<u>Date Of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
2/12/2025	New procedure	Chief Behavioral Health Officer